

INSTRUCTIONS FOR COMPLETING ACTIVITIES/OUTCOMES FORM

Performance Measurement is a system for measuring the **results** of public programs.

Why Performance Measurement?

No longer are legislators and funders satisfied with allocating dollars and getting back reports of numbers served and program activities. Performance measurement enables legislators, funding sources, and communities to know what impact the dollars have had i.e. ***what effect or change has resulted from dollars invested and how a person's life or community has been changed.***

Performance measurement starts with "the end in mind" e.g. what do you want to occur as a result of your service?

Performance measurement consists of:

High level outcomes: Desired results in social health or well-being. High level outcomes reflect the longer-term, global effects the program/service is intended to achieve. e.g. To increase the capacity of the FACES Association to become an effective, self-sustaining, volunteer led, support organization.

Activities: List the key activities/initiatives proposed to achieve the goal(s) and objective(s) of the grant program/services.

Staff Responsible: Indicate the staff or organizations responsible for carrying out each activity/initiative.

Output: An output is a process measure which describes the conditions under which measurements will be made. This may refer to the timeframe and/or implementation of an activity/initiative, frequency, number of board trainings, number of recruitment events, etc. Process measures are *activity focused and contribute to interim outcomes. They do not reflect qualitative outcomes.* E.g. the number of parents participating in leadership classes; the number of presentations to potential funding sources; or, the number of presentations to local departments of social services around the state.

Outcomes: Interim improvements in participant's or community progress towards a high level outcome. Interim outcomes reflect a more immediate or direct effects a program is intended to achieve. Outcomes typically address changes in participant performance/behavior that occur as a result of specific activities. They may include, but are not limited to a change or benefit in behavior, knowledge, skills, attitude, values, or condition.

Outcome Measures: Documents the condition of clients after a service has been provided e.g. increased skills, modified behavior, improved condition. Outcome measures address *qualitative outcomes*.

Outcome measures can include research based instruments with demonstrated reliability and validity, statistics, interviews, observations, rating scales, surveys, focus groups, records, goal attainment, etc.

Performance measurement enables program directors and communities to measure program effectiveness and *demonstrate both quantitative and qualitative* results that contribute to a higher level social outcome.

OVERVIEW OF ACTIVITIES/OUTCOMES

Attachment A

FROM / / TO / / CONTRACTOR NAME CONTRACT

HIGH LEVEL OUTCOME:				
ACTIVITIES <i>What the service/initiative does.</i>	STAFF RESPONSIBLE	OUTPUT <i>What program produces. Service frequency, participant numbers, begin/end dates.</i>	INTERIM OUTCOMES FOR CHILD, FAMILY OR COMMUNITY <i>Qualitative results from activity. What difference will the service make?</i>	EVALUATION <i>Qualitative & Quantitative Outcome Measures</i>

* Outcomes may be measured using evaluation tools such as surveys, interviews, rating scales, records, case plan goal attainment, observations, statistics, etc.

BUDGET SUMMARY

Attachment B, page 1

CONTRACT PERIOD: FROM ____/____/____ TO ____/____/____ CONTRACTOR NAME: _____

BUDGET CATEGORY	JUSTIFICATION (How costs were determined)	TOTAL AMOUNT
SALARIES		
EMP. BENEFITS		
POSTAGE		
RENT & UTILITIES		
EQUIPMENT		
PRINTING		
CONSUMABLE SUPPLIES		
TRAVEL		
OTHER		
TOTAL PROJECT BUDGET		

ITEMIZED BUDGET - SALARIES AND EMPLOYEE BENEFITS

Attachment B, page 2

FROM ____/____/____ TO ____/____/____ CONTRACTOR NAME: _____

SALARIES	HOURS PER WEEK	% OF TIME ON PROJECT	ANNUAL SALARY	AMOUNT REQUESTED
STAFF POSITION				
1.				
2.				
3.				
4.				
5.				
6.				
TOTAL SALARIES REQUESTED FROM VDSS	-----	-----	-----	

EMPLOYEE BENEFITS

NAME OF BENEFIT	STAFF POSITION (# ABOVE)	% OR RATE	ANNUAL COST	AMOUNT REQUESTED FROM VDSS
FICA				
PENSION/RETIREMENT				
HEALTH INSURANCE				
WORKER'S COMPENSATION				
UNEMPLOYMENT				
OTHER (SPECIFY)				
TOTAL EMPLOYEE BENEFITS REQUESTED FROM VDSS	-----	-----	-----	

PERSONNEL EXPENSE FORM

AGENCY/PROGRAM NAME _____ CONTRACT # _____ FED ID # _____

[illegible]

ITEMIZED BUDGET - OTHER PROPOSED EXPENSES

Attachment B, page 4

CONTRACT PERIOD: FROM ____/____/____ TO ____/____/____ CONTRACTORNAME_____

LINE ITEM	JUSTIFICATION (How costs were determined)	PROPOSED VDSS FUNDS
<i>POSTAGE TOTAL</i>		
Administrative		
Program		
<i>RENT AND UTILITIES TOTAL</i>		
Rent		
Utilities		
Telephone		
<i>EQUIPMENT TOTAL</i>		
Equipment Purchase		
Equipment Rental		
<i>PRINTING TOTAL</i>		
Administrative		
Program		
<i>CONSUMABLE SUPPLIES TOTAL</i>		
Office		
Program		

(continued on Page 5)

ITEMIZED BUDGET - OTHER PROPOSED EXPENSES

Attachment B, page 5

CONTRACT PERIOD: FROM ____/____/____ TO ____/____/____ CONTRACTOR NAME: _____

LINE ITEM	JUSTIFICATION (How costs were determined)	PROPOSED VDSS FUNDS
TRAVEL TOTAL		
Administrative		
Program		
OTHER TOTAL		
Insurance		
Professional Fees		
Client Fund		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		
Other (specify)		

TOTAL AMOUNT REQUESTED FROM VDSS: \$ _____

Attachment C

Authorized Certifying Officials of each provider association applying for funding must sign the following forms listed below to be considered for this grant.

“SF 424B – Assurances – Non-Construction Programs”

“W-9 Request For Taxpayer Identification Number(s) and Certificate”

“SF 424B – Assurances – Non-Construction Programs”

1. Hold the “CTRL” key down while clicking on the link below to access form SF424B – Assurances – Non-Construction Programs, **OR** simply click on the link below to access the form.

<http://www.acf.hhs.gov/programs/ofs/grants/sf424b.pdf>

2. Once the form is accessed, click on “File,” then “Print.”
1. Read, sign and include form “SF424B – Assurances – Non-Construction Programs” in your completed application.

Attachment C1

W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER(S) AND CERTIFICATE

Each person or organization doing business with the Commonwealth of Virginia must provide the follow information.
Please return this form in the enclosed envelope.

ORGANIZATION ENTITY:

Please provide reportable name where applicable.

Original Submission
Additional Addresses (See Back of Form)
Address correction

Check Only One:

☐ Individual ☐ Sole Proprietor ☐ Corporation
☐ Partnership ☐ Government ☐ Trust
☐ Estate ☐ Other (Please Describe) _____

Social Security Number _____ and/or Employer Identification Number _____

ENTER THE FOLLOWING:

Legal Name _____
(Must match the Social Security Number, if applicable)

Trade Name _____
(Must match the Employer Identification Number, if applicable)

Payment Address _____ IRS 1099 Form _____

_____ Mailing Address _____

Dun's # _____ Dun's # _____

Contact Person _____ Telephone Number (_____) _____

Please respond to the following: (See back of form for definitions.)

Are you a United States Citizen?	Yes _____	No _____
Is your organization tax exempt?	Yes _____	No _____
Are you a Real Estate Agent?	Yes _____	No _____
Are you a Minority owned business?	Yes _____	No _____
Are you a Woman owned business?	Yes _____	No _____
Are you a Small business?	Yes _____	No _____
Are you a Faith Based Organization?	Yes _____	No _____ (See Back)

If you are a Minority owned business, please indicate the type of Minority.

☐ African American ☐ Hispanic American ☐ Native American
☐ Asian-Pacific American ☐ Subcontinent-Asian American ☐ Other Minority

Are you registered with the Dept. of Minority Business Enterprise? If yes, enter your certificate No. _____.

Government Agencies, please respond to the following:

Are you Federal _____, State _____ or Local _____? (Please check one.)

If you are considered Local, what is your FIPS code ? _____

Certification: Under penalties of perjury, I certify that:

- (1) The number (s) shown on this form is my correct taxpayer identification number (s) (or I am waiting for a number to be issued to me).
 - (2) The organization entity and all other information provided are accurate.
 - (3) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding because of a failure to report all interest or dividends or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
 - (4) I am a U.S. person (including a U.S. resident alien).
- (You must cross out item (3) above if you been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return.)

Signature _____

Date _____

Additional Address

If you have more than one shipping address and/or Purchase Order Address please list these addresses on a separate sheet of paper and attach it to your W-9 form. Identify each type of address as shipping or Purchase Order address. Please include your Dun's number for each site. If you don't have a Duns number you may obtain one by calling 1-888-814-1435

Definitions:

- **Small Business** means a corporation, partnership, sole proprietorship or other legal entity formed for the purpose of making a profit, which is independently owned and operated, and has fewer than 100 employees or less than \$1,000,000 in annual gross receipts.
- **Women-owned business** means a business concern that is at least 51 percent owned by a non-ethnic woman or women (a minority woman is considered as a minority) who are U.S. citizens and who also control and operate it. "Control" in this context means exercising the power to make policy decisions. "Operate" in this context means being actively involved in the day-to-day management of the business. "Ownership" in this context includes stock ownership. **(Please note that when reporting results, a business that is owned and operated by a minority woman will be reported as a minority-owned business and a business that is owned and operated by a non-minority woman will be reported as a woman-owned business.)**
- **Minority-owned business** means any business concern that is at least 51 percent owned by a minority individual or individuals (who are U.S. citizens) who also control and operate it. "Control," "Operate," and "Ownership" have the same meanings mentioned above. "Minority" includes African Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Subcontinent-Asian Americans, and other minorities. "Native Americans" include American Indians, Eskimos, Aleuts and Native Hawaiians. "Asian-Pacific Americans" include U.S. citizens whose origins are in Japan, China, the Philippines, Vietnam, Korea, Samoa, Guam, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Northern Mariana Islands, Laos, Kampuchea (Cambodia), Taiwan, Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Republic of the Marshall Islands, or the Federated States of Micronesia. "Subcontinent-Asian Americans" include U.S. Citizens whose origins are in India, Pakistan, Bangladesh, Sri Lanka, Bhutan, or Nepal.
- **Faith Based Organizations:** If you consider yourself a Faith Based Organization, please indicate on the front of the form in response to the question "Are you a Faith Based Organization".
- **Department of Minority Business Enterprise:** If you have not registered with the Virginia Department of Business Enterprise, please do so at your earliest convenience. Additional information may be obtained at their web site, www.dmbv.virginia.gov.

GENERAL CERTIFICATION

I certify that all the information presented is correct, that there has been appropriate coordination with affected agencies, and that the applicant will comply with the General Terms and Conditions, Assurances and all other federal and state laws and rules and regulations and OMB circulars that apply to this award.

Signature of Authorized Official and Title

Date

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Authorized Signature

Title

Date

Organization

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary
Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

_____Organization

_____ Authorized Signature

Title Date

CERTIFICATION REGARDING ELECTRONIC REIMBURSEMENT

This document constitutes certification that _____
(Name of Applicant Agency)

is eligible, or will apply for access to, the Virginia Department of Accounts Remittance Electronic Data Interchange Virginia. No reimbursement by check will be made to the applicant agency by the Virginia Department of Social Services.

AUTHORIZED SIGNATURE

TITLE

DATE

RFP CHECKLIST

Please check the following items to indicate that your proposal contains each of the items described below.

RFP CHECKLIST		
Number	Item	Check (√)
1.	RFP Cover Sheet (Page 1)	
2.	RFP Checklist (Attachment H)	
3.	Service Activities/Outcomes Narrative	
4.	Logic Model	
5.	Proposed Budget w/ justifications (Attachment B)	
6.	Fiscal Officer Statement (with signature) certifying agency/individual has sufficient funds	
7.	W-9 Form with signature (Attachment C1)	
8.	Letters of Support or References (Current)	
9.	Interagency Agreements (if applicable)	
10.	Resumes/Job Descriptions	
11.	Agency's Non-Discrimination Policy	
12.	Agency's Confidentiality Policy	
13.	General Certification (Attachment D)	
14.	Signed Certification Regarding Lobbying (Attachment E)	
15.	Signed Certification Debarment (Attachment F)	
16.	Signed Certification to Receive Electronic Reimbursement (Attachment G)	
17.	Private Non-Profits:	
	a. Certificate of Incorporation or Certificate of Authority from the State Corporation Commission	
	b. 501(c) 3 Certification from IRS	
	c. By-laws and/or mission statement	
	d. Current Board Members	
	e. Organization chart	
	d. 2007 & 2008 Operating Budget	
18.	Copy of RFP returned with the original proposal	

Directions to Virginia Department of Social Services (VDSS)

From the East: Take Interstate 64 West toward Richmond and exit at the I-95 S / 3rd Street - EXIT 190-on the LEFT toward Petersburg / Downtown / Coliseum. Stay STRAIGHT onto North 3rd St. Turn LEFT onto Franklin Street. Turn RIGHT onto Eighth Street. VDSS is on the left, mid block.

From the West: Take Interstate 64 East to Richmond and take Exit 186 on to I-95 South. Take Exit 75 to 3rd Street exit toward Coliseum/ Downtown. Stay STRAIGHT to go onto N 3RD ST. Continue on 3rd Street and turn LEFT onto Franklin Street. Turn RIGHT onto Eighth Street. VDSS is on the left, mid block.

From the North: Take Interstate 95 South to Richmond. Take Exit 75, I-64 East toward Williamsburg/Norfolk. Take the 3rd Street Exit toward Coliseum/ Downtown. Stay STRAIGHT to go onto North 3RD ST. Continue on 3rd Street and turn LEFT onto Franklin Street. Turn RIGHT onto Eighth Street. VDSS is on the left, mid block.

From the South: Take Interstate 95 North to Richmond. Take Exit 74C West US 33-250/Broad Street. Turn LEFT onto Eighth Street. VDSS is located 2 ½ blocks on the left.

Parking lots and on-street metered parking are available around VDSS.

NOTE: The streets in downtown Richmond are frequently under construction. Plan your arrival time for any unexpected events such as streets closed due to construction or problems with public parking.